

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2008</h2>		Application Number 10/520,501-Conf. #5919	
		Filing Date June 27, 2003	
		First Named Inventor Graham Hodgson	
		Examiner Name W. T. Leader	
		Art Unit 1795	
		Attorney Docket No. 66221-0035	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 930.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							Small Entity Fee (\$)
							Fee (\$)
							Small Entity Fee (\$)
							Fee (\$)

2. EXCESS CLAIM FEES				Small Entity Fee (\$)
Fees Under 20				Fee (\$)
Each claim over 20 (including Reissues)				50
Each independent claim over 3 (including Reissues)				200
Multiple dependent claims				360
				180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
21	- 21 =	x	=	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
3	- 3 =	x	=	
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
- 100 =	/50 =	(round up to a whole number) x	=
			Fee Paid (\$)
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			Fees Paid (\$)
Other (e.g., late filing surcharge): 1251 Extension for response within first month			120.00
1801 Request for continued examination (RCE) (see 37 ...			810.00

SUBMITTED BY			
Signature	/Justin S. Cohen/	Registration No. (Attorney/Agent)	59,964
Name (Print/Type)	Justin S. Cohen	Telephone	(248) 593-3327
		Date	August 15, 2008

Fee Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: August 15, 2008	Electronic Signature for Justin S. Cohen: /Justin S. Cohen/